

MURPHY TAYLOR, L.L.C.

ATTORNEYS AT LAW

FACSIMILE:  
(814) 456-2540  
E-MAIL:  
g\_bax@msn.com

SUITE 202  
900 STATE STREET  
ERIE, PENNSYLVANIA 16501  
(814) 459-0234

326 THIRD AVENUE  
PITTSBURGH, PA 15222  
(412) 255-0200

1401/6070  
REF NO.

February 24, 2006

James Senyo  
Deputy Warden of Security  
Erie County Prison  
1618 Ash Street  
Erie, PA 16503

Re: Shurney v. Scott Enterprises, Inc. et al.  
No. CA 05-196 Erie

Dear Deputy Warden Senyo:

I represent Scott's Splash Lagoon, Inc., a defendant in the above-referenced civil rights lawsuit filed in United States District Court for the Western District of Pennsylvania. The lawsuit claims that Plaintiff Tanielle Shurney's civil rights were violated as a result of her July 3, 2004 arrest, and subsequent confinement in the Erie County Prison.

Enclosed please find a Subpoena in a Civil Case issued by the United States District Court for the Western District of Pennsylvania, which requests the Erie County Prison's production of the documents noted thereon. The Subpoena requests that you produce the documents by March 10, 2006. Please mail or deliver the documents to my office. Please let me know if there is any reasonable photocopy charge for copying of the documents.

Thank you again for your anticipated cooperation in this important matter.

Very truly yours,

  
Gary D. Bax

GDB:pac  
Enclosure

cc: Gerald J. Hutton, Esq.  
Susan H. Malone, Esq.  
A. J. Adams, Esq.

Issued by the  
UNITED STATES DISTRICT COURT

WESTERN

DISTRICT OF

PENNSYLVANIA

TANIELLE SHURNEY,  
Plaintiff

## SUBPOENA IN A CIVIL CASE

V.

SCOTT'S ECONO INN, INC., SCOTT'S  
SPLASH LAGOON, INC., SEAN PIERCE  
individually and in his capacity as  
a Trooper of the PSP, et al. Defendants

CASE NUMBER: <sup>1</sup> CA 05-196 Erie

TO: James Senyo, Deputy Warden of Security  
Erie County Prison

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY

COURTROOM

DATE AND TIME

☐ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION

DATE AND TIME

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects): all documents and records relating to the confinement of Tanielle Shurney (date of arrest 7/3/04) including property inventory, medical records, intake records, release/discharge records, and any other documents.

PLACE

Murphy Taylor, L.L.C.  
900 State Street, Suite 202  
Erie, PA 16501

DATE AND TIME

3/10/06 5:00 p.m.

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES

DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b)(6).

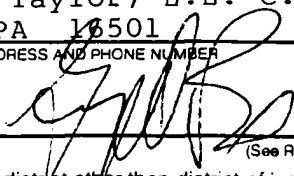
ISSUING OFFICER'S SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)

Gary D. Bax, Esq.  
Murphy Taylor, L.L.C., 900 State Street, Suite 202  
Erie, PA 16501 (814) 459-0234

DATE

2/24/06

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER



(See Rule 45, Federal Rules of Civil Procedure, Parts C &amp; D on Reverse)

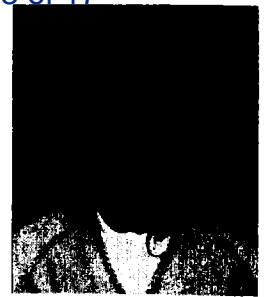
<sup>1</sup> If action is pending in district other than district of issuance, state district under case number.

## Erie County Prison

## Inmate Commitment Summary Report

Today's Date: 7/3/2004

Booking # 2004-29310 FBI #:  
 Master ID#: 21758 State ID #:  
 Property #: Officer ID #: MADURDKI DAVID



FULL NAME: SHURNEY, TANIELLE LATRICE  
 Line 1: 13411 6TH AVE  
 Line 2:  
 City, State Zip: E. CLEVELAND, OH  
 Phone #: (216)268-4172

Birth Date: 04/12/1972  
 Age: 32  
 Social Security #: 227-72-6839  
 Sex: F  
 Race: B

Place of Birth: CLEVELAND Citizen of: USA Country of Birth: USA  
 Height: 5'4" Weight: 250 Eye Color: BRO Hair Color: BLK Complexion: BLK Build: HVY  
 Marital Status: S Highest Grade Completed: 12 Read English? Y Write English? Y

Drivers License State: Religion: NONE

Committed By: DJFA Date/Time: 07/03/2004 Admission Type: BA Shift: 2

Transported By: PSPE Arrested By: PSPE Gang: NONE

**CHARGES**

<u>OFFDATE</u>	<u>CHCODE</u>	<u>CHDESC</u>	<u>CASENUM</u>
7/3/2004 6:46:1	183922A1	THEFT BY DECEP-FALSE IMPRESSIO	CR--82-04
<u>MORE</u>	<u>DEGREE</u>	<u>DISPOSIT</u> APH	<u>SENDATE</u>
<u>MINDATE</u>	<u>MAXDATE</u>	<u>DISDATE</u>	<u>COMDATE</u> 7/3/2004 6:40
			<u>HEARDATE</u> 7/12/2004 12
<u>JUDGE</u>	DJFA		
<u>NOTE</u>	5,000 STRAIGHT 7/12/04 3:00PM ABATE		

<u>OFFDATE</u>	<u>CHCODE</u>	<u>CHDESC</u>	<u>CASENUM</u>
7/3/2004 6:46:1	184106A1II	USE CR CARD W/O AUTHOR	CR--82-04
<u>MORE</u>	<u>DEGREE</u>	<u>DISPOSIT</u> APH	<u>SENDATE</u>
<u>MINDATE</u>	<u>MAXDATE</u>	<u>DISDATE</u>	<u>COMDATE</u> 7/3/2004 6:40
			<u>HEARDATE</u> 7/12/2004 12
<u>JUDGE</u>	DJFA		
<u>NOTE</u>	SEE ABOVE		

**BONDS**

Bond Amount 5,000.00

Grand Total of all Bonds: 5,000.00

COMMONWEALTH OF PENN<sup>Y</sup> VANIA  
COUNTY OF: **ERIE****COMMITMENT**

Mag. Dist. No.:

**06-3-02**

DJ Name: Hon.

**FRANK ABATE, JR.**Address: **10300 WEST MAIN ROAD****P.O. BOX 8****NORTH EAST, PA**Telephone: **(814) 725-9693****16428-0008**

COMMONWEALTH OF

PENNSYLVANIA

VS.

DEFENDANT:

NAME and ADDRESS

**SHURNEY, TANIELLE L.**  
**1262 BRACKLAND UP**  
**CLEVELAND, OH 44108****ERIE COUNTY PRISON**  
**1618 ASH ST**  
**ERIE, PA 16503**Docket No.: **CR-0000082-04**Date Filed: **7/03/04**OTN: **L 199405-3**Date of Birth: **4/12/72**SSN: **227-72-6839**

Charge(s):

**S 18 §3922 §§A1 THEFT BY DECEPTION**  
**S 18 §4106 §§A1II ACCESS DEVICE FRAUD**

To ANY AUTHORIZED PERSON of the above named County of this Commonwealth:

You are hereby commanded to convey and deliver into the custody of the Keeper of the county prison the above named defendant. You, the Keeper are required to receive the defendant into your custody to be safely kept by you until discharged by due course of law for:

☐ A PERIOD OF \_\_\_\_\_ DAYS UNTIL \_\_\_\_\_☒ A HEARING ATDate: **7/12/04**Place: **DISTRICT COURT 06-3-05**Time: **3:00 PM****8900 OLD FRENCH RD.****SUITE 110****ERIE, PA 16509**☐ A FURTHER HEARING

Date:

Place:

Time:

☐ COMMON PLEAS COURT ACTION☐ OTHER: \_\_\_\_\_CURRENT AMOUNT OF BAIL: **5,000.00** **STRAIGHT BAIL**COMMITMENT REASON: **BAIL NOT POSTED**Witness my hand and official seal this 3 day of July, 2006.My commission expires first Monday of January, **2006**.

COMMONWEALTH OF PENNSYLVANIA  
COUNTY OF: **ERIE****CERTIFICATE TO FACILITATE BAIL**

Mag. Dist. No.:

**06-3-02**

DJ Name: Hon.

**FRANK ABATE, JR.**Address: **10300 WEST MAIN ROAD****P.O. BOX 8****NORTH EAST, PA**Telephone: **(814) 725-9693****16428-0008**

COMMONWEALTH OF

PENNSYLVANIA

VS.

DEFENDANT:

NAME and ADDRESS

**SHURNEY, TANIELLE L.**  
**1262 BRACKLAND UP**  
**CLEVELAND, OH 44108****TANIELLE L. SHURNEY**  
**1262 BRACKLAND UP**  
**CLEVELAND, OH 44108**Docket No.: **CR-0000082-04**Date Filed: **7/03/04**OTN: **L 199405-3**DEFENDANT NAME: **SHURNEY, TANIELLE L.**

Charge(s):

**S 18 \$3922 \$\$A1 THEFT BY DECEPTION**  
**S 18 \$4106 \$\$A1II ACCESS DEVICE FRAUD**

PLACE OF DETENTION:

**ERIE COUNTY PRISON**

(Name)

**1618 ASH ST**

(Address)

**ERIE, PA 16503**

AMOUNT OF BAIL (if set):

**5,000.00****STRAIGHT BAIL**

BAIL MUST BE POSTED BEFORE:

COMMONWEALTH OF PENNSYLVANIA	
COUNTY OF:	ERIE



# POLICE CRIMINAL COMPLAINT

Magisterial District Number: 06-3-05  
 District Justice Name: Hon. James J. DWYER  
 Address: 8900 Old French Rd  
 Erie, PA 16509

COMMONWEALTH OF PENNSYLVANIA  
 VS.  
 DEFENDANT:

Tanielle L SHURNEY  
 12626 Brackland Up  
 Cleveland, OH 44108

Telephone:	
Docket No:	
Date Filed:	
OTN:	L199405-3

Defendant's Race/Ethnicity <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male	Defendant's D. O. B. 04/12/1972	Defendant's Social Security Number 227-72-6839	Defendant's SID (State Identification Number)
Defendant's A.K.A (also known as)	Defendant's Vehicle Information Plate Number State Registration Sticker (MM/YY)		Defendant's Driver's License Number State OH RP839298	
Complaint/Incident Number E01-1097681	LiveScan Tracking Number	Complaint/Incident Number if other Participants		UCR/NIBRS Code

Office of the Attorney for the Commonwealth ☒ Approved ☐ Disapproved because:  
 (The attorney for the Commonwealth may require that the complaint, arrest warrant affidavit, or both be approved by the attorney for the Commonwealth prior to filing, Pa.R.Crim.P.507.)

(Name of Attorney for Commonwealth)

I, TPR. SEAN PIERCE

(Name of Agent)

(Signature of Attorney for Commonwealth)

08961/00543369

(Officer's Badge Number/D.O.)

of the Pennsylvania State Police, Troop E - Erie Station

(Agency Representation)

2500

(Police Agency or ORI Number)

E01-1097681

(Originating Agency Case Number (OCA))

do hereby state: (check appropriate box)

1. ☒ I accuse the above named defendant who lives at the address set forth above  
☐ I accuse the defendant whose name is unknown to me but who is described as  
☐ I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at  
8050 Peach St, Erie, PA 16509 Summit Twp.  
 (Place-Political Subdivision)

in ERIE County on or about 07/03/04 at 1357hrs

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)  
Tanielle L SHURNEY

☒ Lab user fee applies  
 AOPC-412SPA (7/3/2003)

Defendant's Name:	Tanielle L SHURNEY
Docket Number:	



## POLICE CRIMINAL COMPLAINT

2. The acts committed by the accused were:

CC 3922(a)(1) Theft by Deception, M1,

IN THAT, on or about said date, THE DEFENDANT intentionally obtained or withheld property, namely, deprived the hotel of \$198.79 for cost of room, belonging to Econo Lodge, by creating or reinforcing a false impression, namely using a stolen credit card to cover the purchase price of the hotel room, in violation of Section 3922(a)(1) of the PA Crimes Code.

CC 4106(a)(1)(ii) Access Device Fraud, M1,

IN THAT, on or about said date, THE DEFENDANT did use an access device to obtain or attempt to obtain accommodations at the Econo Lodge located at 8050 Peach St. Erie, PA 16509, with knowledge that the access device was issued to another person, namely, Tonya Y TRAYLOR of 10039 Delores, Streetsboro OH, who did not authorize its use, in violation of Section 4106(a)(1)(ii) of the PA Crimes Code.

### AFFIDAVIT OF PROBABLE CAUSE

The accused did try to use a stolen credit card, MasterCard account# 5449270911030937 to gain accommodations at the Econo Lodge located at 8050 Peach St Erie, PA 16509. The accused then went to the Econo Lodge on 07/03/04, and signed for the room under the name SHURNEY, Tanielle attempting to pay for the room by using a credit card that did not belong to her.

all of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of

- |                                   |  |                        |                        |  |
|-----------------------------------|--|------------------------|------------------------|--|
| 1. <u>3922(a)(1)</u>              | of the <u>Title 18, PA Crimes Code</u> | <u>1</u>               | <u>M1</u>              |  |
| <small>Section/SubSection</small> | <small>(PA Statute)</small>            | <small>(count)</small> | <small>(grade)</small> |  |
|                                   |  |                        |                        |  |
| 2. <u>4106(a)(1)(ii)</u>          | of the <u>Title 18, PA Crimes Code</u> | <u>1</u>               | <u>M1</u>              |  |
| <small>Section/SubSection</small> | <small>(PA Statute)</small>            | <small>(count)</small> | <small>(grade)</small> |  |
|                                   |  |                        |                        |  |
| 3. _____                          | of the _____                           | _____                  | _____                  |  |
| <small>Section/SubSection</small> | <small>(PA Statute)</small>            | <small>(count)</small> | <small>(grade)</small> |  |
|                                   |  |                        |                        |  |
| 4. _____                          | of the _____                           | _____                  | _____                  |  |
| <small>Section/SubSection</small> | <small>(PA Statute)</small>            | <small>(count)</small> | <small>(grade)</small> |  |

3. I ask that a warrant of arrest or a summons be issued and that the defendant be required to answer the charges I have made. (In order for a warrant of arrest to issue, the attached affidavit of probable cause must be completed and sworn to before the issuing authority.)

4. I verify that the facts set forth in the complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. §4904) relating to unsworn falsification to authorities.

July 3, 2004 ,

TPK [Signature] [Signature]  
(Signature of Affiant)

AND NOW, on this date, \_\_\_\_\_, I certify that the complaint has been properly completed and verified. An affidavit of probable cause must be completed in order for a warrant to issue.

\_\_\_\_\_  
(Magisterial District)

\_\_\_\_\_  
(Issuing Authority)

AOPC-412SPB (7/3/2003)

**SEAL**

Erie County Department of Corrections - Location: MAIN

Seized Property Receipt

Date: 07/03/2004 20:47

Booking#: 2004-29310

PCP#: 21758

Name: SHURNEY, TANIELLE LATRICE

Section: 18TH STREET

Block: A/R

Cell: 01

Bed: HOLD

Qty	Description	Color	Property#	Warehouse	Location	Confiscation Date
Facility: MAIN						
1	SHIRT		599	PROPERTY ROOM	BAG 599	07/03/2004
1	PANTS		599	PROPERTY ROOM	BAG 599	07/03/2004
1	SHOES		599	PROPERTY ROOM	BAG 599	07/03/2004
1	BRA AND PANTIES		599	PROPERTY ROOM	BAG 599	07/03/2004
2	PHOTO ID'S (ONE IS NOT HERS)		599	PROPERTY ROOM	BAG 599	07/03/2004
1	EARRINGS		599	PROPERTY ROOM	BAG 599	07/03/2004
1	HAIR TIE		599	PROPERTY ROOM	BAG 599	07/03/2004

  
Inmate Signature\_\_\_\_\_  
Witness Signature



## Screen Print Listing

## Erie County Department of Corrections - Location: MAIN

Today's Date: 02/27/2006

Page 1 of 1

Last Name	First Name	Middle Name	Affix	Booking#	Permanent ID#	Social Security#	State ID#
SHURNEY	TANIELLE	LATRICE		2004-29310	21758	277-72-6839	OHB940595


## Inmate Classification Test Results

Erie County Department of Corrections - Location: MAIN

Today's Date: 02/27/2006

Initial Classification

Page 1 of 2

Inmate Name			Inmate Housing Area					
Last Name	First Name	Middle Name	Affix	Section	Block	Cell	Bed	Booking#
SHURNEY	TANIELLE	LATRICE						2004-29310

Date of Birth: 04/12/1972    Sex: F    Race: B    Booking Date: 07/03/2004    PCP#: 21758    SS#: 277-72-6839

Date of Initial Classification	07/06/2004	Initial Classification Result	GENERAL POPULATI	Officer	JASAJ
Date of 1st Review	08/05/2004	Override Classification Result		Override Officer	
Date of 2nd Review	09/04/2004	Reason for Override			

Catagory	SEVERITY OF CURRENT CHARGES/CONVICTIONS	Logical Answer:	Notes
	LOW (0)	Numeric Answer: 2	
	MODERATE (2)		Inmate here on theft related charges.
	HIGH (5)		
	HIGHEST (7)		

Catagory	Summary of Questions 1-3	Logical Answer:	Notes
	Total Score 7 or above (50)	Numeric Answer: 0	

Catagory	Total 1-5 =<5 (w/Pending Dispositions- General Pop)	Logical Answer:	Notes
	Current Total Under 5 - GP (4)	Numeric Answer: 4	Pnd theft related charges.

Catagory	SERIOUS OFFENSE HISTORY	Logical Answer:	Notes
	LOW (0)	Numeric Answer: 0	
	MODERATE (2)		Reports no past incarceration hx.
	HIGH (4)		
	HIGHEST (7)		

Catagory	INSTITUTIONAL DISCIPLINARY HISTORY	Logical Answer:	Notes
	NONE OR MINOR MISCONDUCTS (0)	Numeric Answer: 0	
	ONE OR MORE MAJ. MISCOND. (3)		Reports no past incarceration hx.

Catagory	ESCAPE HISTORY	Logical Answer:	Notes
	NO ESCAPE OR ATTEMPTS (0)	Numeric Answer: 0	
	WALKAWAY (3)		Reports no past incarceration hx.
	ESCAPE OR ATTEMPT MED/MAX (7)		

Catagory	Special Management Concerns	Logical Answer:	Notes
	Physical Impairment	Numeric Answer: 0	

Catagory	PRIOR ASSAULT FELONY CONVICTIONS Exclude Curr	Logical Answer:	Notes
	NONE (0)	Numeric Answer: 0	
	ONE (2)		Reports none.
	TWO OR MORE (4)		

Catagory	ALCOHOL/DRUG ABUSE	Logical Answer:	Notes
	NO SOCIAL,ECONOMIC OR LEGAL PB	Numeric Answer: 0	
	ABUSE RESULTING IN S/E/L PROB		
	ABUSE RESULTING IN AGGRESSIVE		

## Inmate Classification Test Result

## Erie County Department of Corrections - Location: MAIN

Today's Date: 02/27/2006

Initial Classification

Page 2 of 2

## Inmate Name

## Inmate Housing Area

Last Name	First Name	Middle Name	Affix	Section	Block	Cell	Bed	Booking#
SHURNEY	TANIELLE	LATRICE						2004-29310

Date of Birth: 04/12/1972	Sex: F	Race: B	Booking Date: 07/03/2004	PCP#: 21768	SS#: 277-72-6839
---------------------------	--------	---------	--------------------------	-------------	------------------

Date of Initial Classification	Initial Classification Result	Officer
07/06/2004	GENERAL POPULATI	JASAJ
Date of 1st Review	Override Classification Result	Override Officer
08/06/2004		
Date of 2nd Review	Reason for Override	
09/04/2004		

## Notes

## Category Special Management Concerns

Logical Answer: Numeric Answer: 0

Administrative Segregation

Reports no keep separates.

Other

Reports alcohol use only w/in the past 30 days. No w/d.

Protective Custody

No.

Psychological Impairment

No.

Mental Deficiency

Reports no MH hx.

Escape Risk

Reports no risk.

Serious Violence Threat

No.

Known Gang Affiliation

Reports no gang affiliation.

Substance Abuse Problem

Reports being a casual drinker on weekends, alcohol only.

Known Management Problem

Reports no past incarceration hx.

Suspected Drug Trafficker

No.

Suicide Risk

Reports no present ideation, no past suic hx reported.

Medical Problems

Reports no medical hx.

## Notes

## Category Custody Override Justification

Logical Answer: Numeric Answer: 0

Mandatory Sentence

No Bed Space Available

Pending Litigation

Prohibitive Detainers

Protective Custody

Serious Doubts of Adjustment

Sexual History

Time Served on Sentence Rqmnts

Voluntary Protective Custody

## General Notes

Total Score 6

Inmate here on pending theft charges. Reports no other incarcerations. Reports no medical or MH hx. Inmate hopes to bond out today. Will house in GP.

<b>CERTIFICATION OF BAIL AND DISCHARGE</b>		<b>OTN L 1994053</b>
COMMONWEALTH VS. (Defendant Name and Address)		
<b>PERANILL SHORNEY</b> 13411 6TH Ave E. (Clarksburg) PA 15412		
<input type="checkbox"/> ROR (no surety) <input checked="" type="checkbox"/> Bail (total amount set, if any) \$ <b>5000-straight</b>	<input type="checkbox"/> Nominal Bail	
<input type="checkbox"/> Conditions of Release (aside from appearing at court when required)		
ERIE COUNTY PA ERIE, PA		
(attach addendum, if necessary)		
SECURITY OR SURETY (IF ANY) <input checked="" type="checkbox"/> Surety Company <b>BAIL USA</b> <input type="checkbox"/> Professional Bondsman <input type="checkbox"/> Realty <input type="checkbox"/> Other		
JUDGE OR ISSUING AUTHORITY		
<b>APPEARANCE OR BAIL BOND</b>		
THIS BOND IS VALID FOR THE ENTIRE PROCEEDINGS AND UNTIL FULL AND FINAL DISPOSITION OF THE CASE INCLUDING FINAL DISPOSITION OF ANY PETITION FOR WRIT OF CERTIORARI OR APPEAL TIMELY FILED IN THE SUPREME COURT OF THE UNITED STATES.		

POLICE CASE NO.		D.J. NO.	
C.P. TERM & NO.		DATE OF CHARGE(S)	
CHARGE(S): <b>THEFT BY DECEPTION</b> <b>USE CREDIT CARD W/O AUTHORIZATION</b>			
DATE AND TIME <b>7/12/04 3PM</b>		NEXT COURT ACTION <b>DJ ABATE</b>	
TO: <input type="checkbox"/> Detention Center <input type="checkbox"/> Other			
I hereby certify that sufficient bail has been entered.			
<input type="checkbox"/> By the defendant <input checked="" type="checkbox"/> On behalf of the defendant by: <b>John Byrnes Bail USA</b> (Name & Address of Surety)			
(License No.)			
• Refund of cash bail will be made within 20 days after final disposition. (Pa.R.Cr.P. 4015(b)) • After the surety notifies Clerk of Courts Office, refunds of all other types of bail will be made 20 days following final disposition. (Pa.R.Cr.P. 4015(a))			
DISCHARGE THE ABOVE NAMED DEFENDANT FROM CUSTODY IF DETAINED FOR NO OTHER CAUSE THAN THE ABOVE STATED.			
Given under my hand and the Official Seal of this Court,			
this <b>9</b> day of <b>July</b> , 20 <b>04</b>			
(Clerk of Court or Issuing Authority) (SEAL)			

PAGE OF DETENTION

Erie County Department of Corrections - Location: MAIN

## Released Property Receipt

Date: 07/09/2004 10:35

Book#: 2004-29310

PCP#: 21758

Name: SHURNEY, TANIELLE LATRICE

Section: 18TH STREET

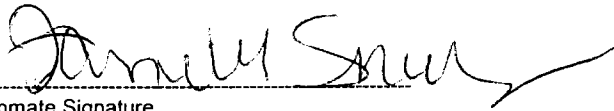
Block: AA

Cell: 30

Bed: TOP

Qty	Description	Color	Prop ID	Released On	Released To	Rel How
Facility: MAIN						
1	PRISON UNIFORM		599	07/09/2004		
1	T-SHIRT		599	07/09/2004		
2	PANTIES		599	07/09/2004		
1	NIGHT SHIRT		599	07/09/2004		
1	INMATE HANDBOOK		599	07/09/2004		
1	BRA		599	07/09/2004		
1	SANDALS		599	07/09/2004		
1	SHIRT		599	07/09/2004		
1	PANTS		599	07/09/2004		
1	SHOES		599	07/09/2004		
1	BRA AND PANTIES		599	07/09/2004		
2	PHOTO ID'S (ONE IS NOT HERS)		599	07/09/2004		
1	EARRINGS		599	07/09/2004		
1	HAIR TIE		599	07/09/2004		

By my signature, I agree that the above list of  
property was returned to me.



Inmate Signature

Witness Signature

Inmate: SHURNEY, TANIELLE LATRICE

Booking #: 2004-29310

Permanent ID: 21758

**Release Verification Information**

Release Shift 1

Date and Time of Release 07/09/2004 10:35

Release Officer# DELINSKI STEVE

Days Served this Sentence 7

**Release Information**

Releasing Authority CLERK OF COURTS

Release Type BY BAIL

Released in Custody of BONDSMAN

**Release Identity Check Information**

NCIC Check Done Yes

NCIC Check Result Negative

Image Verified Yes

Verifying Officer ID# DELINSKI STEVE

## ADMISSION DATA

Date: 7.3.04 SS#: 277.72.6839 Inmate I.D.#: \_\_\_\_\_  
 Inmate: Shurney, Tanielle L.  
 (last) (first) (middle initial)  
 Alias: \_\_\_\_\_  
 Birthdate: 4.12.72 Speak English Y ☒ N ☐

## MEDICAL HISTORY

Health Insurance Y ☐ N ☒ Type/# \_\_\_\_\_  
 Family Physician Y ☐ N ☒ Name: \_\_\_\_\_  
 Allergies Y ☐ N ☒ What?: \_\_\_\_\_  
 Childhood Immunizations Y ☒ N ☐ Tetanus Y ☐ N ☒  
 Current Medications: none  
 Head Injury w/loc Y ☐ N ☒ When \_\_\_\_\_  
 Tuberculosis:  
 1) Have you ever been tested for TB? Y ☒ N ☐ 4) Has anyone in your immediate household  
 2) Have you ever been tested + positive for TB? Y ☒ N ☐ When 103 • Tested + positive for TB? Y ☒ N ☐  
 3) Have you ever had a INH X 1 yr. • Have prolonged productive cough Y ☒ N ☐  
 • prolonged productive cough Y ☐ N ☒ • Hemoptysis Y ☐ N ☒  
 • Hemoptysis Y ☐ N ☒ • Night Sweats Y ☐ N ☒  
 • Night sweats (soaking) Y ☐ N ☒ If any yes: When \_\_\_\_\_  
 If any yes: When \_\_\_\_\_  
 Past Hospitalization Y ☐ N ☒ For what \_\_\_\_\_ Surgery Y ☐ N ☒ What \_\_\_\_\_

## MENTAL HEALTH EVALUATION

Hospitalization for mental health reasons Y ☐ N ☒ If Yes, Why? \_\_\_\_\_  
 Where \_\_\_\_\_ When \_\_\_\_\_  
 (location) (street) (city) (state) (zip) (date)  
 Meds for Mental Health Reasons (Specify Type & Last Dose) none  
 Prior Counseling/Out-Patient Treatment for denies  
 Where \_\_\_\_\_ When \_\_\_\_\_  
 (location) (street) (city) (state) (zip) (date)  
 Have you ever attempted suicide? denies How \_\_\_\_\_ When \_\_\_\_\_ (date)  
 Are you thinking of suicide now? Y ☐ N ☒  
 Street Drugs Y ☐ N ☒ Type-Quantity \_\_\_\_\_  
 How often \_\_\_\_\_ How long \_\_\_\_\_ Smoker denies Etoh occas  
 Orientation (person, Place, Time) Ado X3  
 General appearance (motor behavior, mannerisms) \_\_\_\_\_  
 Affect (mood) \_\_\_\_\_

Notify in Emergency

Terry Shurney  
 (Name)

sister  
 (Relationship)

Address

(street)

(city)

Phone

216-268-0336

(state)

(zip)

## IF INTAKE SCREENING REFUSED

inmate's signature

date

interviewer's signature

date

witness

date

## MEDICAL HISTORY AND PHYSICAL ASSESSMENT

Inmate's Name \_\_\_\_\_  
(Last) (First) (M.I.)

## HISTORY

Problems	Yes	No	Problems	Yes	No
1. Vision		✓	23. Gall Bladder		
2. Hearing			24. Liver		
3. Balance/Dizziness			25. Hepatitis		
4. Blackouts			26. Diabetes		
5. D.T.'s			27. Kidney Disease		
6. Headaches			28. Bladder Infection		
7. Seizures			29. Trouble Voiding		
8. Nervous Disorder			30. Pediculi (lice)		
9. Throat			31. Gonorrhea		
10. Teeth			32. Syphilis		
11. Asthma			33. Muscle Problem		
12. Hay Fever			34. Joint Problem		
13. Pneumonia			35. Arthritis		
14. Tuberculosis			36. Other:		
15. Heart			Menstrual Period:	✓	
16. Hypertension			Regular	✓	
17. Anemia			Irregular		✓
18. Blood			Duration Days		
19. Stomach Pain			LMP		now
20. Heartburn			Gravida/Para		3/3
21. Ulcer			Last Pap		?
22. Nausea/vomiting					.

Temp. 97.7 Pulse 80 BP 136/84  
Ht. 5'4" Wt. 250 Respiration 18

**Comments:**

## EXAM

Age \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_  
Pulse \_\_\_\_\_ BP \_\_\_\_\_ Temp. \_\_\_\_\_

Respiration	N	A / Comment
-------------	---	-------------

Skin	Color	
------	-------	--

Skin	Color	
	Condition	
	Turgor	
	Recent Injury	

Head	Glasses		
	Pupils		
	Sclera		
	Conjunctive		
	Vision		

Ears	Appearance		
	Canals		
	Hearing		

Mouth	Teeth & Gums		
	Dentures / Plates		
	Throat		
	Tongue		
	Tonsils		

Nose		
------	--	--

Neck	Veins		
	Mobility		
	Thyroid		
	Carotids		
	Lymph nodes		

Chest (Breasts)	Configuration Auscultation Respirations Cough/Sputum		
--------------------	---	--	--

Heart	Auscultation		
	Radial pulses		
	Apical pulse		
	Rhythm		

Extremities	Pulses		
	Edema		
	Joints		

Spine	
-------	--

Abdomen	Shape		
	Bowel sounds		
	Palpation		
	Hernia		

Genital / Urinary System		
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## LABORATORY TESTS

TIME / PRD VDRL	defer Date/Initial <del>7-3-84</del> past (+)	Results mother had T.B.
	Patient Education	
	on screen	
	at physical	

\* I have answered all questions truthfully. I have been told and shown how to obtain medical services. I hereby give my consent for professional services to be provided to me by and through Prison Health Services.

Daniel Sney  
Inmate's Signature

Date \_\_\_\_\_

Haweyu  
Interviewer's Signature

7.3.04 1800  
Date

Examiner's Signature \_\_\_\_\_

Date \_\_\_\_\_



Date / Time	Inmate's Name	R.F.I.	D.O.B.:
7/3/04 1830	Shurney, Tamielle		4.12.72
	(1) - VSS. Not in med. no clo. (A) - Admission. PRD planted (R) FA. (R) - flu pen.		
10/10/11	J. Hawes		